#### **Appendix A: Waiver Administration and Operation**

1.	<b>State Line of Authority for Waiver Operation.</b>	Specify the state	line of authority	for the operation of
	the waiver (select one):			

*	that		_	y. Specify the Medicaid agency division/unit aiver program (select one; do not complete	
	0	The Medical Assistance Unit (name of unit	t):		
	*	Another division/unit within the State Med	icai	d agency that is separate from the Medical	
Assistance Unit (name of division/unit)			Developmental Disabilities Program of the Disability Services Division of the Department of Public Health and Human Services		
0	The	e waiver is operated by			
	a separate agency of the State that is not a division/unit of the Medicaid agency. In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. <i>Complete item A-2</i> .				

2. Medicaid Agency Oversight of Operating Agency Performance. When the waiver is not operated by the Medicaid agency, specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

N/A			

- **3.** Use of Contracted Entities. Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the waiver operating agency (if applicable) (select one):
  - \* Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable). Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6*.

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#### Case Management Services

The functions performed by child and adult case managers can be reviewed in A-7, but generally relate to the gathering of eligibility and referral information, needs identification (e.g., medical, educational and social), the development and monitoring of plans of care and coordinating the delivery of supports to recipients as outlined in the plans of care.

#### Adult Targeted Case Management

Approximately half of the adult Targeted Case Managers (TCMs) are employees of non-profit agencies under contract with the DDP. The other TCMs are DDP State employees. TCM services are provided under the Montana State Plan. TCMs are responsible for providing entitled adult case management services to eligible persons aged 16 and over, except for those served in DDP waiver funded family-based children's services. All service recipients in DDP waiver funded children's and adult group homes receive adult TCM services.

#### Case Management Services for Children

All children (except those in children's group homes) served in the waiver receive case management from Family Support Specialists (FSSs). Waiver case management is defined as Family Supports Coordination (FSC). FSC is an expanded form of case management, as defined in Appendix C. FSSs are employees of non-profit agencies under contract with the DDP. Persons served are birth through 21. Children served in children's group homes are served by Adult Targeted Case Managers.

Mountain Pacific Quality Health Foundation Contract for RN Level of Care Reviews
The DDP contracts with "The Foundation" for a Registered Nurse to accompany the DDP
Quality Improvement Specialist (QIS) when meeting with the primary care giver for the
purpose of completing initial Level of Care (LOC) activities. Specifically, the nurse is
responsible for completing a Waiver 1 form documenting medical issues, and a Long Term
Care Patient Evaluation Abstract, which serves as a summary of medical information typically
collected prior to placement in a nursing home.

**No.** Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).

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**4. Role of Local/Regional Non-State Entities**. Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*check each that applies*):

	<b>Local/Regional non-state public agencies</b> conduct waiver operational and administrative functions at the local or regional level. There is an <b>interagency agreement or memorandum of understanding</b> between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state agency that sets forth the responsibilities and performance requirements of the local/regional agency. The interagency agreement or memorandum of understanding is available through the Medicaid agency or the operating agency (if applicable). <i>Specify the nature of these agencies and complete items A-5 and A-6:</i>
	<b>Local/Regional non-governmental non-state entities</b> conduct waiver operational and administrative functions at the local or regional level. There is a <b>contract</b> between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The contract(s) under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). <i>Specify the nature of these entities and complete items A-5 and A-6</i> :
*	<b>Not applicable</b> – Local/regional non-state agencies do not perform waiver operational and administrative functions.

5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities. Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

Contracted entities providing case management in adult and children's services are reviewed against the performance requirements outlined in the Developmental Disabilities Program (DDP) quality assurance review tools specific to these services. The DDP Quality Improvement Specialist (QIS) and the DDP Waiver Specialist are responsible monitoring, summarized and reporting these activities as outlined in #6. Assessment of Methods and Frequency, below.

**6. Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

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### DISTRIBUTION OF WAIVER OPERATIONAL AND ADMINISTRATIVE FUNCTIONS (See Appendix A:5 Table)

Function: Disseminate information concerning the waiver to potential enrollees

This activity is assigned to case managers for children and adults, as outlined in the FSS certification requirements and the handbook for adult case managers. In practice, adult and children's case managers may share these responsibilities with other staff within their agencies.

Effective 7/1/07, the DDP will implement QA checklist item for the QA document used to evaluate children's services and adult services relating to the sharing of waiver information with potential enrollees. The checklist item will verify evidence that case managers have participated in outreach and child find and school transition planning activities and have shared information regarding the waiver services potentially available, enrollment requirements, waiting list information, choice of available providers and provider and DDP staff contact information with potential enrollees and others.

The children's and adult case management QA review requirements will be modified effective 7/1/07 to verify these activities have occurred in both children and adult services. Results will be reported in the QA Report for children's services, and the DDP Central Office CMS Assurances file for adult case managers, based on sampled data. The DDP Waiver Specialist and the DDP Quality Assurance Specialist are responsible for initiating these requirements.

#### Function: Assist individuals in waiver enrollment

Adult Targeted Case Managers are responsible for intake activities, including the gathering of information necessary for a DDP QIS to verify eligibility for adult services, and the demographic information needed to place a person on the waiting list. In children's services, eligibility documentation and referral activities may be assigned to an intake specialist, or split between an agency intake specialist and a case manager (a Family Support Specialist). Facilitating placement on a waiting list is a case manager activity. The development of a referral is a case management responsibility. These activities are reviewed annually in the DDP Quality Assurance monitoring tools for children's and adult services. Policies and rules relating to placement on a waiting list, referral components and other enrollment activities are developed by the DDP for both children's and adult service systems.

#### Function: Conduct level of care evaluation activities

Initial LOC Reviews: Family Support Specialists coordinate the initial FSS, QIS and RN LOC home visits in children's services, and provide information, as needed, to enable the QIS to complete the required LOC documents. As primary care givers, family members (usually parents) play a central role in the LOC process.

Effective 7/1/07, DDP will evaluate the annual performance of nursing services purchased under the Foundation Contract in completing LOC activities. Performance will be reviewed in two areas:

- 1. Nurses are available to complete onsite levels of care within 30 days of the request by the QIS. The Foundation Nurse is responsible for completing the required medical forms (W-1 and Long Term Care Patient Evaluation Abstract) during the initial LOC review for all individuals served in the waiver. Initial LOC reviews are conducted face-to-face.
- 2. Foundation nurses performing levels of care with the QIS are currently licensed.

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The DDP Waiver Specialist will annually monitor compliance with these standards and maintain the data results in the DDP CMS assurances file.

Ongoing LOC Reviews: The nurse is involved in annual re-determinations only at the request of the QIS.

Effective 7/1/07, DDP will evaluate the annual performance of nursing services purchased under the Foundation Contract in completing requested re-determination activities. Performance will be reviewed in the following two areas:

- 3. Nurses are available to complete onsite re-determinations of levels of care within 30 days of the request by the QIS. The Foundation Nurse is responsible for completing the required medical forms (W-1 and Long Term Care Patient Evaluation Abstract) during the initial LOC review for all individuals served in the waiver. Initial LOC reviews are conducted face-to-face.
- 4. Foundation nurses performing re-determinations levels of care with the QIS are currently licensed.

The DDP Waiver Specialist will annually monitor compliance with these standards and maintain the data results in the DDP CMS assurances file.

Function: Review participant service plans to ensure that waiver requirements are met Family Support Specialist supervisory staff and Adult Targeted Case Management supervisory staff perform this function on a sample basis. The DDP QIS is designated as the Department approval authority and reviews 100% of the plans of care for children enrolled in the waiver. Adult case managers are Department-designated approval authorities of the plans of care for persons in adult services. Case managers are the primary entity responsible for ensuring plans of care meet requirements. The use of standardized agency and/or DDP planning forms helps ensure quality and consistency.

The DDP QA (quality assurance) review process for both children's and adult services entails a comprehensive review of a sample of waiver recipient plans of care. The plan of care requirements are defined in the Administrative Rules of Montana and these rules serve as the basis of the review checklist.

Effective 7/1/07, the DDP Waiver Specialist will be responsible for verifying the timeliness of the activities of case managers for children and adults in completing the Waiver-5 Freedom of Choice Form. In addition, the DDP Waiver Specialist will verify the timely completion of Waiver-4 cost projection forms. W-4 and W-5 forms are tied to planning process and maintained in the DDP QIS LOC individual recipient files. This data will be compiled annually on a sample basis and maintained in the CMS assurances file.

Function: Conduct training and technical assistance concerning waiver requirements

Formal and informal training is conducted by a number of different DDP and service provider staff. Case managers in children's and adult services frequently provide technical information to families and others involved with the recipient. Often, this occurs in conjunction with the

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development of a referral and again during the planning process.

The consumer satisfaction surveys used by the DDP QIS during the onsite portion of the QA review will be updated to verify satisfaction with the technical assistance provided by case managers to service recipients and/or their families, guardians or advocates. Questions related to the training and technical assistance function will be incorporated into the onsite questionnaire. These results will be reported in the QA reviews for the providers of case management services. The QA document will be modified to include a section for this activity. These QA activities will become effective 7/1/07.

7. **Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function.

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
Disseminate information concerning the waiver to potential enrollees	DDP Field & Central Office Staff		C&F FSS Adult TCM	
Assist individuals in waiver enrollment	DDP QIS		C&F FSS Adult TCM	
Manage waiver enrollment against approved limits	DDP Field and Central Office Staff			
Monitor waiver expenditures against approved levels	DDP Field & Central Office Staff			
Conduct level of care evaluation activities	DDP QIS		RNs under Contract	
Review participant service plans to ensure that waiver requirements are met	DDP QIS		C&F FSS Adult TCM	

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Perform prior authorization of waiver services	DDP Field & Central Office Staff					
Conduct utilization management functions	DDP Field &Central Office Staff					
Recruit providers	DDP Field & Central Staff					
Execute the Medicaid provider agreement	DDP Field &Central Staff					
Determine waiver payment amounts or rates	DDP Central Office Staff					
Conduct training and technical assistance concerning waiver requirements	DDP Field &Central Staff		C&F FSS Adult TCM			

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